

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 07/24/01 through 09/21/01.
- b. The request was received on 03/25/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 06/07/02. The respondent did not respond to the additional documentation. It's initial response is reflected in Exhibit II.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement
2. Respondent: No position statement

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 07/24/01, 08/10/01, and 09/21/01. Date of service 08/31/01 will be addressed in the Dismissal Section of this Findings and Decision.

2. Per the Provider's TWCC-60, the amount billed for dos is \$118.50; the amount paid by the carrier is \$0.00; the amount in dispute is \$118.50.
3. The carrier denied the billed charges by denial codes:  
 "F – THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE(S) PERFORMED."  
 "N – WE ARE IN RECEIPT OF YOUR BILL FOR SERVICES. PAYMENT OR DENIAL CANNOT BE DETERMINED WITHOUT MEDICAL REPORTS. DETERMINATION WILL BE MADE WITHIN 30 DAYS OF RECEIPT OF REPORTS."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/24/01 08/10/01	95851 95851	\$36.00 \$36.00	\$0.00 \$0.00	G G	\$36.00 \$36.00	MFG E/M GR (IV) (A) (1); MGR (I) (8); CPT descriptor	In accordance with MFG E/M GR (IV) (A) (1): "When the <b>doctor</b> performs a complete diagnostic service during an office visit (e.g. technical and professional component of a study), both components of the service shall be reimbursed in addition to the office visit." MGR (I) (8) states the following, "Range of motion measurement and muscle testing as performed by the <b>physical or occupational therapist</b> during the re-evaluation are included in this code and shall not be reimbursed separately." The services billed for the dos were performed by a D.C. during an office visit, therefore, reimbursement in the amount of <b>\$72.00</b> is recommended.
09/21/01	99080	\$10.50	\$0.00	N	\$0.50	Rule 133.600 (f) (3);	Rule 133.600 (f) (3) requires the commission to consider fair and reasonable fees for each submitted required report or records under any section of the title. The reimbursement rate for copies of reports or clinical notes is \$0.50 a page. In their letter dated 01/14/02 to ___, the provider states, "CPT code 99080 special reports for date of service was denied because payment cannot be determined without medical reports. This is a request for copies of medical records for TWCC scheduled designated doctor RME that was schedule [sic] for 09/25/01." The TWCC computer system does indicate per DRCD- screen 16 of 38 that the records were requested from the provider by TWCC. Therefore, reimbursement of <b>\$10.50</b> is recommended.
<b>Totals</b>		\$82.50	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$82.50</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$82.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of October 2002.

Donna M. Myers  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm

## **VI. Dismissal**

Date of service 08/31/01 is being dismissed. According to Commission Rule 133.307 (m), the Division may dismiss a request if the commission determines that cause exists to dismiss the request. Rule 133.307 (e) (1) (A) requires that each initial request shall be legible and shall include “a copy of medical bill(s) as originally submitted to the carrier for reconsideration in accordance with § 133.304;...” The provider failed to submit a reconsideration HCFA for date of service 08/31/01. This dismissal does not constitute a decision on this date.